

Declaration and Power of Attorney for Patent Application

Attorney's Docket No. *EOH/03001*

As a below inventor, I hereby declare that:

My residence, post office and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

The specification of which



is attached hereto



was filed on as

Application Serial No.

and was amended of (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, code of Federal Regulations, §. 1.56(A)

I hereby claim priority benefits under Title 35, United States Code p. 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified] below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed;

Prior Foreign Application

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(number)

(country)

(Day/Month/Year filed)

I hereby claim benefit under Title 35, United States Code §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112. I acknowledge the duty to disclose material information as defined in Title 37, of Federal Regulation Code §1.56(a), which occurred between the filing date of the prior application and the national or PCT international filing date of this application

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(Application Serial No.)

(Filing Date)

(Status)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO Ellis D. Harris 1646 Lynoak Dr. Claremont CA 91711	DIRECT TELEPHONE CALLS TO : (name and telephone number) Ellis D. Harris phone number 909-621-1988
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole or first inventor: Ellis D. Harris

Inventor's signature: Ellis D. Harris

Residence: 1646 Lyneak Drive, Claremont, CA 91711

Citizenship: USA Post Office Address: same as above

Date 6-26-2003

Full name of second joint inventor, if any:

Inventor's signature: [Signature]

Residence: 9746 Whirlaway, CA 91787

Citizenship: USA Post Office Address: [Signature]

Date 6-26-2003

Full name of third joint inventor, if any:

Inventor's signature: \_\_\_\_\_

Date \_\_\_\_\_

Residence:

Citizenship: Post Office Address:

Full name of fourth joint inventor, if any:

Inventor's signature: \_\_\_\_\_

Date \_\_\_\_\_

Residence:

Citizenship: Post Office Address:

Full name of fifth joint inventor, if any:

Inventor's signature: \_\_\_\_\_

Date \_\_\_\_\_

Residence:

Citizenship: Post Office Address:

Full name of sixth joint inventor, if any:

Inventor's signature: \_\_\_\_\_

Date \_\_\_\_\_

Residence:

Citizenship: Post Office Address:

Full name of seventh joint inventor, if any:

Inventor's signature: \_\_\_\_\_

Date \_\_\_\_\_

Residence:

Citizenship: Post Office Address:

Full name of eighth joint inventor, if any:

Inventor's signature: \_\_\_\_\_

Date \_\_\_\_\_

Residence:

Citizenship: Post Office Address:

Full name of ninth joint inventor, if any:

Inventor's signature: \_\_\_\_\_

Date \_\_\_\_\_

Residence:

Citizenship: Post Office Address:

**PATENT**

EDH/03001

Attorney's Docket No.

Applicant or Patentee: Ellis D. Harris

Serial or Patent No.: 0 / \_\_\_\_\_

Filed or Issued: \_\_\_\_\_

For: \_\_\_\_\_

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(b))—INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled

described in

- the specification filed herewith.  
 application serial no. 0 / \_\_\_\_\_, filed \_\_\_\_\_  
 patent no. \_\_\_\_\_, issued \_\_\_\_\_

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- no such person, concern, or organization  
 persons, concerns or organizations listed below\*

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

INDIVIDUAL       SMALL BUSINESS CONCERN       NONPROFIT ORGANIZATION

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

INDIVIDUAL       SMALL BUSINESS CONCERN       NONPROFIT ORGANIZATION

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

INDIVIDUAL       SMALL BUSINESS CONCERN       NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of pay-

ing, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Ellis D. Harris

Name of inventor

*Ellis D. Harris*

6-26-03

Date

Signature of Inventor

Scott M. Stratford

Name of inventor

*Scott M. Stratford*

6-26-2003

Date

Signature of Inventor

Name of inventor

Date

Signature of Inventor

**PATENT**

EDH/ 03001

Attorney's Docket No. \_\_\_\_\_  
Applicant or Patentee: Scott M. Stratford

Serial or Patent No.: 0 / \_\_\_\_\_

Filed or Issued: \_\_\_\_\_

For: \_\_\_\_\_

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described in

- the specification filed herewith.  
 application serial no. 0 / \_\_\_\_\_, filed \_\_\_\_\_.  
 patent no. \_\_\_\_\_, issued \_\_\_\_\_.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

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- no such person, concern, or organization  
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\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

INDIVIDUAL       SMALL BUSINESS CONCERN       NONPROFIT ORGANIZATION

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

INDIVIDUAL       SMALL BUSINESS CONCERN       NONPROFIT ORGANIZATION

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

INDIVIDUAL       SMALL BUSINESS CONCERN       NONPROFIT ORGANIZATION

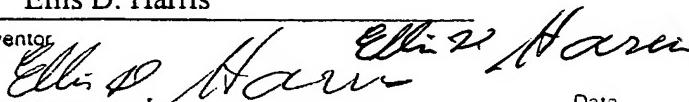
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of pay-

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Ellis D. Harris

Name of inventor

 Ellis D. Harris

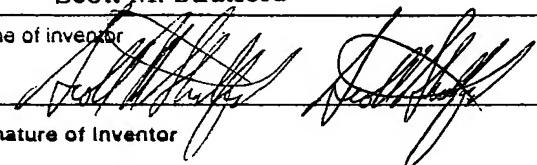
6-26-2003

Date

Signature of Inventor

Scott M. Stratford

Name of inventor



6-26-2003

Date

Signature of Inventor

Name of inventor

Date

Signature of Inventor